AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

To Av Windo	ail Themselves w, Federal Can	of The Low didates Mus	est Unit Ch t Sign The	arge During a Certification C	Political In Page 3
Station an	d Location:			Date:	
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oeing/on behalf	fof: $\int_{\mathcal{O}}$	hn Oc	equera		, a legally
qualified candid	date of the	<u>l Mocha</u>	1c		political
party for the of	fice of: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	e of	- Repui	scotutives	٥
in the	Coveral				
election to be l	neld on:	16/12			
	est station time as fol				
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
		02	DC)	(ED)	

I represent that the payment for the above described broadcast time has been furnished by: OCEGURA TEXE CONGRESS and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate. The name of the treasurer of the candidate's authorized committee is: This station has disclosed to me its political advertising policies, including: applicable class and discount, promotional and other sales practices (not applicable to federal candidates). THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON OF RACE OR ETHNICITY IN THE PLACMENT OF ADVERTISING.	
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THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON	es and rates:
To Be Signed By Candidate or Authorized Committee	9
S/iY/12 Date Signature	÷
To Be Signed By Station Representative	
Accepted Accepted in Part	Rejected
Signature Printed Name Titl	

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

I,	oce guera for Congre of federal candidate or authorized committee	USS Name of the state of the st
to be	e broadcast (in whole or in part) pursuant to thi	s agreement:
	☐ does	ot
refer prog	to an opposing candidate (check applicable be ramming that does refer to an opposing candid	ox). I further certify that for the ate:
(chec	ck applicable box)	
The state of the s	the radio programming contains a personal a identifies the candidate, the office being sougapproved the broadcast.	
	the television programming contains a clearly image of the candidate for a duration of at leadisplayed printed statement identifying the cathe broadcast, and that the candidate and/or the paid for the broadcast.	ast four seconds, and a simultaneously indidate, that the candidate approved
	I St. Wash	
	signature of candidate or autho	rized committee
	Mauea GILROY printed name	5/14/12
	printed name	date

AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF CANDIDATE'S REQUEST)

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:	
	•

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.